| Pro Hac Vice Attorney | |
|--|---|
| Applicant's Name: | Rebekah Newman |
| Law Firm Name: | Office of the Illinois Attorney General |
| Street Address 1: | 115 South LaSalle St., Floor 25 |
| Address Line 2: | |
| | State: IL Zip: 60603 |
| | ode |
| Primary E-mail Address: | rebekah.newman@ilag.gov |
| | e for the Pro Hac attorney and not a subordinate or staff member) |
| Secondary E-mail Address: (Additional contact email for q | uestions during the application process) |
| | STATEMENT OF LOCAL COUNSEL |
| I am authorized and will be | e prepared to handle this matter, up to and including trial, in the event the |
| applicant <u>Rebekah Newman</u> | is unable to be present upon any date |
| assigned by the court. | |
| 1/21/2025 Date: | Signature of Local Counsel: s/ Lane Polozola |
| Local Counsel's Name: | Lane Polozola |
| Law Firm Name: | Washington State Attorney General's Office |
| Address must be within th 83.1(d)(2). | ne geographical boundaries of the Western District of Washington per LCR |
| Street Address 1: | 800 Fifth Ave, Suite 2000 |
| Address Line 2: | |
| Seattle City: | State: WAZip: 98104 |
| Phone Number w/ Area Co | ode (206) 287-4182 Bar # |